

**PCT**WORLD INTELLECTUAL PROPERTY ORGANIZATION  
International Bureau

## INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

<b>(51) International Patent Classification <sup>6</sup> :</b> <b>A61K 9/48, 9/14, 9/50, A61M 31/00</b>	<b>A1</b>	<b>(11) International Publication Number:</b> <b>WO 96/31198</b> <b>(43) International Publication Date:</b> 10 October 1996 (10.10.96)
<b>(21) International Application Number:</b> PCT/US96/05333 <b>(22) International Filing Date:</b> 4 April 1996 (04.04.96) <b>(30) Priority Data:</b> 08/419,635 7 April 1995 (07.04.95) US <b>(71) Applicant:</b> EDWARD MENDELL CO., INC. [US/US]; 2981 Route 22, Patterson, NY 12563-9970 (US). <b>(72) Inventors:</b> BAICHWAL, Anand, R.; 5 Kendall Drive, Wappinger Falls, NY 12590 (US). STANIFORTH, John, N.; High Trees, 170 Bloomfield Road, Bath BA2 2AT (GB). <b>(74) Agents:</b> DAVIDSON, Clifford, M. et al.; Steinberg, Raskin & Davidson, P.C., 1140 Avenue of the Americas, New York, NY 10026 (US).		<b>(81) Designated States:</b> AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, UZ, VN, ARIPO patent (KE, LS, MW, SD, SZ, UG), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG).  <b>Published</b> <i>With international search report.</i>
<b>(54) Title:</b> CONTROLLED RELEASE INSUFFLATION CARRIER FOR MEDICAMENTS		
<b>(57) Abstract</b>  Controlled release powder insufflation formulations are disclosed. The powder formulation includes cohesive composites of particles containing a medicament and a controlled release carrier which preferably includes one or more polysaccharide gums of natural origin.		

**FOR THE PURPOSES OF INFORMATION ONLY**

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AM	Armenia	GB	United Kingdom	MW	Malawi
AT	Austria	GE	Georgia	MX	Mexico
AU	Australia	GN	Guinea	NE	Niger
BB	Barbados	GR	Greece	NL	Netherlands
BE	Belgium	HU	Hungary	NO	Norway
BF	Burkina Faso	IE	Ireland	NZ	New Zealand
BG	Bulgaria	IT	Italy	PL	Poland
BJ	Benin	JP	Japan	PT	Portugal
BR	Brazil	KE	Kenya	RO	Romania
BY	Belarus	KG	Kyrgyzstan	RU	Russian Federation
CA	Canada	KP	Democratic People's Republic of Korea	SD	Sudan
CF	Central African Republic	KR	Republic of Korea	SE	Sweden
CG	Congo	KZ	Kazakhstan	SG	Singapore
CH	Switzerland	LI	Liechtenstein	SI	Slovenia
CI	Côte d'Ivoire	LK	Sri Lanka	SK	Slovakia
CM	Cameroon	LR	Liberia	SN	Senegal
CN	China	LT	Lithuania	SZ	Swaziland
CS	Czechoslovakia	LU	Luxembourg	TD	Chad
CZ	Czech Republic	LV	Latvia	TG	Togo
DE	Germany	MC	Monaco	TJ	Tajikistan
DK	Denmark	MD	Republic of Moldova	TT	Trinidad and Tobago
EE	Estonia	MG	Madagascar	UA	Ukraine
ES	Spain	ML	Mali	UG	Uganda
FI	Finland	MN	Mongolia	US	United States of America
FR	France	MR	Mauritania	UZ	Uzbekistan
GA	Gabon			VN	Viet Nam

**CONTROLLED RELEASE INSUFFLATION  
CARRIER FOR MEDICAMENTS**

**BACKGROUND OF THE INVENTION**

5 The advantages of controlled release products are well known in the pharmaceutical field and include the ability to maintain a desired blood level of a medicament over a comparatively longer period of time and increasing patient compliance by reducing the number of administrations necessary to achieve the same. These advantages have been attained by a wide variety of methods.

10 Many controlled release delivery systems have already been developed for absorption in the gastrointestinal tract and are commercially available. Likewise, controlled release transdermal formulations are well known in the art. Another commonly utilized path for drug delivery is via oral inhalation therapy.

15 Inhalations are drugs or solutions or suspensions of one or more drugs capable of administration by the nasal or oral respiratory route for local or systemic effect. There are several different delivery devices which may be used to administer drugs to a patient via the inhalation route.

20 Nebulizers are suitable to administer inhalation solutions or suspensions only if they produce droplets sufficiently fine and uniform in size so that the mist reaches the bronchioles. Nebulized solutions may be breathed directly from the nebulizer or from a plastic face mask, tent, or intermittent positive breathing machine. Disadvantages of nebulized systems include "through-use" dose variability and drug stability problems.

25 Another group of products are known as inhalations or insufflations. The British Pharmacopoeia defines an inhalation as a liquid drug delivery system whereas an insufflation is a powder delivery system for the respiratory tract. One such inhalation device is the pressurized metered dose inhaler (PMDI). Devices of this type are intended for delivering metered doses of a drug

30

35

to the respiratory tract and include suspensions or solutions in a liquefied gas propellant, along with materials such as co-solvents (e.g., alcohol) and surfactants (e.g. lecithin). A metered dose inhaler contains multiple doses, often in the range of one to two hundred doses. The dose delivered is generally in the range of 25 to 100 microliters ( $\mu$ l) per actuation.

Powdered drugs may be administered by mechanical devices that require externally-produced pressure or, more usually, deep inhalation by the patient. The powdered drug is often contained in a capsule which is placed in a suitable device and pierced to allow the powder to exit to the outside environment when an appropriate pressure drop is created. In certain devices, the pressure drop is created by having a patient place the device in his or her mouth and inhaling. Inhalation produces conditions which act to draw the drug out of the capsule and into the respiratory tract of the patient. The device may also contain turbulence-increasing structures which aim to enhance de-agglomeration, thereby preventing larger powder particles from entering the respiratory tract.

Increasing attention is now being given in the art to dry powder inhalers.

For example, International Patent Application WO 94/04133 describes a powder composition for inhalation which contains a microfine drug such as a salbutamol sulfate and a carrier containing an anti-static agent. The carrier is calcium carbonate or a sugar, especially lactose. The amount of carrier is 95-99.99 weight percent. The compositions were said to be useful for delivery of the active agent to the lungs while providing reduced side effects such as nausea by maximizing its proportion of drug reaching the lungs.

U.S. Patent No. 4,590,206 describes capsules, cartridges or aerosol containers containing spray-dried sodium cromoglycate in finely divided and un-agglomerated

form. A substantial proportion of the individual drug particles have shapes which allow deep penetration into the lung and yet are free-flowing so as to allow capsule filling.

5 International Patent Application WO 93/25198 is directed to an ultrafine powder for inhalation. The powder comprises a drug and hydroxypropyl cellulose and/or hydroxypropylmethyl cellulose. More than 80  
10 weight percent of the particles in the powder are said to have a particle diameter of 0.5-10 microns. The powder is said to be able to reach the lower windpipe and bronchi and is further said to have good deposit (storage) properties, and is further said to be capable of releasing a drug continuously.

15 Previously, a hetero-disperse polysaccharide excipient system and controlled release oral solid dosage forms were described in our U.S. Patent Nos. 4,994,276, 5,128,143, and 5,135,757, all of which are hereby incorporated by reference. These systems are  
20 commercially available under the tradename TIMERx™ from TIMERx Technologies, Patterson, N.Y. and Edward Mendell Co., Inc., N.Y., which is the assignee of the present invention.

25 It would be considered most advantageous in the art to provide new dry powder inhalation formulations which are capable of providing a slow, continuous release of drug while also being biodegradable or expellable from the pulmonary or nasal tract, and in which the active ingredient would be relatively bioavailable.

#### 30 OBJECTS AND SUMMARY OF THE INVENTION

It is an object of the present invention to provide new oral or nasal inhalation carriers for a wide variety of medicaments which provide a reproducible in-vivo  
35 effect when a desired unit dose of the carrier in combination with a medicament is administered to a human patient via an oral or nasal inhalation device.

It is a further object of the present invention to provide a dry powder for oral or nasal inhalation or insufflation which comprises a cohesive composite of carrier and medicament, which provides a controlled release of medicament from the carrier in-vivo.

It is a further object of the present invention to provide a controlled release formulation for oral or nasal inhalation which is enzymatically degradable or expellable when administered in-vivo.

It is a further object of the present invention to provide a controlled release formulation for oral inhalation which enables controlled drug delivery in the nasopharyngeal, tracheo-bronchial and combined nasopharyngeal-bronchial regions of the pulmonary tract.

It is a further object of the present invention to provide a dry powder for inhalation therapy which is bioadhesive and which provides a controlled release of medicament when administered in-vivo.

It is a further object of the invention to provide an oral inhalation formulation for controlled release of a medicament in the upper airways of the respiratory tract.

The above-mentioned objects and others are achieved by virtue of the present invention, which relates in part to controlled release particles of a cohesive composite of a medicament together with a pharmaceutically acceptable carrier. The cohesive composite particles comprising the dry powder formulations of the invention are non-segregating. The average particle size is from about 0.1 to about 10 microns in diameter for lung delivery. For nasal delivery, the average particle size is from about 10 to about 355 microns and preferably 10-125 microns.

The pharmaceutically acceptable carrier can comprise, for example, xanthan gum, locust bean gum, galactose, other saccharides, oligosaccharides and/or polysaccharides, starch, starch fragments, dextrans,

British gum and mixtures thereof. Preferably, the pharmaceutically acceptable carrier is of natural origin.

The pharmaceutically acceptable carrier can further comprise an inert saccharide diluent selected from a monosaccharide or disaccharide.

The present invention is further related to a capsule, cartridge or aerosol container containing a cohesive composite of a medicament together with a pharmaceutically acceptable polysaccharide carrier of natural origin, wherein the average particle size is from about 0.1 to about 10 microns in diameter for lung delivery. For nasal delivery, the average particle size is from about 1 to about 355 microns, and preferably from about 10 to about 125 microns.

The present invention is further directed to a method for preparing a controlled release pharmaceutical formulation for inhalation or insufflation therapy, comprising granulating a mixture of a medicament together with a polysaccharide gum of natural origin, drying the resultant granulation, and thereafter milling the resultant cohesive composite of medicament and gum to obtain particles having a diameter from about 2 to about 10 microns. In an alternative embodiment, the polysaccharide gum is first milled and then granulated with the medicament, and the mixture is then dried to obtain a granulate, and the granulate is then screened to provide a dry powder product having a particle size from about 2 to about 10 microns in diameter.

In yet another embodiment, all of the saccharide component of the pharmaceutically acceptable carrier is dissolved or dispersed in a suitable medium. The medium selected should be capable of both suspending or dissolving the saccharide component as well as dissolving the actual ingredient. The active is added to the saccharide solution or dispersion and is dissolved or dispersed therein. The solvent is then removed, e.g., by evaporation, which may include spray drying, to produce

a (poly)saccharide-active composite. The composite is then milled or screened, if necessary, to produce particles in the desired diameter. The present invention is further directed to a method of treating a patient via oral or nasal inhalation therapy, comprising preparing the cohesive composite described above, incorporating the same into a suitable inhalation device, and administering a metered unit dose of the cohesive composite to a patient to provide a therapeutically effective dose of medicament for absorption in the upper respiratory tract or intra-nasally. The method preferably further comprises comminuting the controlled release carrier, or a granulate of controlled release carrier together with a medicament, such that the average particle size is from about 0.1 micron to about 10 microns in diameter. For purposes of the present invention, inhalation therapy shall be understood to include delivery of a medicament via oral-pharynx or nasal-pharynx routes.

In certain preferred embodiments of the invention, the controlled release carrier (comprising the gum of natural origin together with any pharmaceutically acceptable inert diluent) is included in an amount from about 99.9% to about 10%, and more preferably from about 99% to about 50%, by weight of the final product. The drug to gum ratio may be, e.g., from about 0.5:100 to about 1:1. More preferably, the drug to gum ratio is from about 1:100 to about 1:2. In embodiments of the invention where the controlled release carrier comprises both a gum of natural origin and a pharmaceutically acceptable inert diluent, the total amount of controlled release carrier is from about 10 to about 90% and the pharmaceutically acceptable inert diluent is from about 89 to about 9% of the formulation, the remainder comprising the medicament(s) to be administered.

For purposes of the present invention, the term "composite" shall be understood to encompass more than one particle of different chemicals, more than one



particle of the same chemical or a single particle of more than one chemical. The term "chemical" shall be understood to include the active ingredient or medicament, carrier and inert diluent.

5 By "controlled release" it is meant for purposes of the present invention that the therapeutically active medicament is released from the formulation at a controlled rate such that therapeutically beneficial blood levels (but below toxic levels) of the medicament  
10 are maintained over an extended period of time, e.g., providing a dosage form which provides effective levels of the medicament in-vivo for a time period of from about 1 to about 24 hours or more.

15 The term "environmental fluid" is meant for purposes of the present invention to encompass, e.g., an aqueous solution, such as that used for in-vitro dissolution testing, or mucous found in the pulmonary or nasal tracts.

#### 20 DETAILED DESCRIPTION

In general, it has been recognized in the art that dry powder inhalation or insufflation formulations must consist of particles of a size of about 2 microns in diameter in order for the particles, when inhaled, to  
25 reach the alveoli of the lungs. Particles larger than 10 microns in diameter are not able to reach the deep lung when inhaled because they are collected on the back of the throat and upper airways in humans, whereas those less than 0.5 microns tend to be re-breathed or exhaled).  
30 It is a surprising discovery of this invention, therefore, that when particles are formulated which exhibit bioadhesive release characteristics like those of the present invention, particles in the range of about 0.1 micron do not tend to be exhaled and are suitable for  
35 use in inhalation therapy.

In order to prepare particles having a size of 2 microns which are useful in an inhalation formulation, it is considered necessary to utilize a carrier material because particles of that small size tend to be cohesive, and further, the dose of pure drug is too small to allow for accurate dosimetry for most drugs delivered by inhalation, thereby increasing the apparent size of the group of particles which have adhered to each other when inhaled. The separation of drug and carrier in the airway during the use of an oral inhalation device is generally due to different physical characteristics of the differently sized particles, frequently characterized by Stokes Number.

It has been found that the dry powder inhalation devices utilized in the prior art are not able to efficiently provide a dose of drug to the alveoli because they do not create enough turbulence. A high turbulence is needed to create shear conditions sufficient to isolate discrete drug particles of a size in the respirable fraction. Generally, one can expect that only 10-15% of the drug payload will be delivered into the deep lung areas for conventional devices, although this can be increased to 40-50% or more in newer devices. Further, due in part to the low efficiency of the delivery of drug to the deep lung areas, and partly due to prior art dry powder formulations themselves, many dry powder inhalation devices are considered to provide too variable a dose of medicament to be considered useful for many such medicaments.

In view of the above-mentioned problems and others, it is a goal of the present invention to provide a dose of drug which is absorbable in a controlled and efficient manner in the upper airways of the respiratory tract as well as in the deep lung areas of the respiratory tract.

In these areas, generally referred to in the art as the tracheo-bronchial region, particles having a diameter of 0.1-10 microns will be able to be delivered to these

5 areas. The amount of capillaries in the upper airways  
region of the respiratory tract is significantly less  
compared to the deep pulmonary region of the lungs, and  
therefore this region of the respiratory tract has not  
10 previously been targeted for drug delivery. In the  
present invention, the relatively fewer number of  
capillaries in the region is advantageously utilized to  
provide a slow, controlled release of drug from the  
cohesive composites of the dry powder formulations of the  
invention so as to get a longer controlled release and  
absorption of the medicament in comparison with the  
controlled release from an equivalent formulation  
penetrating the deep lung.

15 The invention relates in part to a dry powder  
inhalation/insufflation formulation which comprises a  
cohesive composite of a medicament together with a non-  
segregating carrier. In the aspects of the invention  
where the dry powder inhalation formulations of the  
invention are intended for lung delivery, at least 80% of  
20 the discrete polysaccharide/drug particles have an  
average particle size of from about 0.1 to about 10  
microns. In other aspects where the drug/polysaccharide  
fine particles are carried on coarse saccharide  
particles, the composite particles will have an average  
25 particle size of from about 45 to about 355 microns, and  
preferably from about 63 to about 125 microns. In other  
aspects of the invention, the average particle size of  
the cohesive composite particles range from about 0.1 to  
125 microns. In other embodiments, there are provided  
30 cohesive composite particles having an average particle  
size ranging from about 125 to about 355 microns. In  
this manner, the cohesive composite particles, when  
inhaled via any dry powder inhalation device known in the  
art, will either be collected and absorbed mainly in the  
35 tracheo-bronchial region of the respiratory tract for 2-  
10 micron particles and in the deep lung for < 2 micron  
particles. The carrier which is utilized to prepare the

cohesive composite particles is one which will provide a controlled release of medicament when the particles are exposed to an environmental fluid, e.g., a dissolution liquid, mobile phase or water in an in-vitro dissolution apparatus, or, in the fluids present in the respiratory tract, and in particular, in the tracheo-bronchial regions in-vivo.

The carrier material utilized in the formulations of the present invention is preferably a naturally occurring gum. Such naturally occurring gums typically include the heteropolysaccharides and homopolysaccharides. The carrier, of course, can also include mixtures of homo- and heteropolysaccharides.

The term "heteropolysaccharide" as used in the present invention is defined as a water-soluble polysaccharide containing two or more kinds of sugar sub-units, the heteropolysaccharide having a branched or helical configuration, and having excellent water-wicking properties and immense thickening properties.

An especially preferred heteropolysaccharide is xanthan gum, which is a high molecular weight (approximately 1,000 kDa) heteropolysaccharide. Other preferred heteropolysaccharides include derivatives of xanthan gum, such as deacylated xanthan gum, the carboxymethyl ether, the propylene glycol ester and the polyethylene glycol esters.

The homopolysaccharides useful in the present invention include galactomannan gums, which are polysaccharides composed solely of mannose and galactose. Preferred galactomannan gums are those which are capable of cross-linking with the heteropolysaccharide. Galactomannans which have higher proportions of unsubstituted mannose regions have been found to achieve more interaction with the heteropolysaccharide when exposed to an environmental fluid. Locust bean gum, which has a higher ratio of mannose to the galactose, is especially preferred as compared to other galactomannans

such as guar and hydroxypropyl guar.

Other naturally occurring polysaccharide gums known to those skilled in the food and pharmaceutical arts are also useful as the controlled release carrier of the invention. Such polysaccharides include alginic acid derivatives, carageenans, tragacanth, acacia, karaya, the polyethylene glycol esters of these gums, chitin, chitosan, mucopolysaccharides, konjac, starch, substituted starches, starch fragments, dextrans, British gums having a molecular weight of about 10,000 daltons, dextrans and the like. The starches can be in either native form, i.e., ungelled starches such as potato, corn, rice, banana, etc., or gelled starches or semi-synthetic starches.

Starch and starch fragments are especially preferred polysaccharides and the combination of xanthan gum with locust bean gum is an especially preferred gum combination. In our previous patents, we described and claimed the synergistic combination of heteropolysaccharide/homopolysaccharide gums for incorporation into solid oral dosage forms. Thus, in certain embodiments, the controlled release properties of the dry powder inhalation formulation are optimized when the ratio of heteropolysaccharide gum to galactomannan gum is from about 3:1 to about 1:3, preferably from about 2:1 to about 1:2 and most preferably about 1:1. However, in this embodiment, the controlled release carrier of the invention may comprise from about 1% to about 99% by weight heteropolysaccharide gum and from about 99% to about 1% by weight homopolysaccharide gum.

If desired, a cationic cross-linking agent may be included in the dry powder formulations of the present invention. The cationic cross-linking agent may comprise, e.g., monovalent or multivalent metal cations. The preferred salts are the inorganic salts, including various alkali metal and/or alkaline earth metal sulfates, chlorides, borates, bromides, citrates,

acetates, lactates, etc., providing the salts are soluble. Specific examples of suitable cationic cross-linking agents include calcium chloride, sodium chloride, potassium chloride, potassium sulfate, sodium carbonate, lithium chloride, tripotassium phosphate, sodium borate, potassium bromide, potassium fluoride, sodium bicarbonate, magnesium chloride, sodium citrate, sodium acetate, calcium lactate, and sodium fluoride. Multivalent metal cations may also be utilized. However, the preferred cationic cross-linking agents are monovalent or bivalent. Particularly preferred salts are potassium chloride and sodium chloride. The cationic cross-linking agent is included in the controlled release inhalation formulations of the present invention in an amount from about 0.1 to about 50% by weight, and more preferably from about 1% to about 10% by weight of the polysaccharide component.

In certain formulations of the invention, it may be desirable to add a pharmaceutically acceptable surfactant in a sufficient amount to either modify the release-controlling characteristics of the composite excipient/drug particles or the wetting and solubility characteristics of the drug. In such embodiments, the surfactant comprises from about 0.01 to about 10 percent of the controlled release carrier, by weight, and more preferably from about 0.1 to about 2 percent of the controlled release carrier, by weight. The surfactants which may be used in the present invention generally include pharmaceutically acceptable anionic surfactants, cationic surfactants, amphoteric (amphipathic/amphiphilic) surfactants, and non-ionic surfactants. Suitable pharmaceutically acceptable anionic surfactants include, for example, monovalent alkyl carboxylates, acyl lactylates, alkyl ether carboxylates, N-acyl sarcosinates, polyvalent alkyl carbonates, N-acyl glutamates, fatty acid-polypeptide condensates, sulfuric acid esters, and alkyl sulfates.

Suitable pharmaceutically acceptable non-ionic surfactants such as, for example, polyoxyethylene compounds, lecithin, ethoxylated alcohols, ethoxylated esters, ethoxylated amides, polyoxypropylene compounds, propoxylated alcohols, ethoxylated/propoxylated block polymers, and propoxylated esters, alkanolamides, amine oxides, fatty acid esters of polyhydric alcohols, ethylene glycol esters, diethylene glycol esters, propylene glycol esters, glyceryl esters, polyglyceryl fatty acid esters, SPAN's (e.g., sorbitan esters), TWEEN's sucrose esters, and glucose (dextrose) esters. The surfactant should be non-sternutatory so as not to irritate the mucous membranes.

Other suitable pharmaceutically acceptable surfactants/co-solvents (solubilizing) agents include acacia, benzalkonium chloride, cholesterol, emulsifying wax, docusate sodium, glyceryl monostearate, lanolin alcohols, lecithin, poloxamer, poloxyethylene castor oil derivatives, poloxyethylene sorbitan fatty acid esters, poloxyethylene stearates, sodium lauryl sulfates, sorbitan esters, stearic acid, and triethanolamine.

Mixed surfactant/wetting agent systems are also useful in conjunction with the present invention. Examples of such mixed systems include, for example, sodium lauryl sulfate/polyethylene glycol (PEG) 6000 and sodium lauryl sulfate/PEG 6000/stearic acid.

The inert filler of the sustained release excipient preferably comprises a pharmaceutically acceptable saccharide, including a monosaccharide and/or a disaccharide. Examples of suitable inert pharmaceutical fillers include sugars such as sucrose, dextrose, lactose, galactose, fructose, mixtures thereof and the like as well as sugar alcohols such as mannitol, sorbitol, xylitol, lactitol, maltitol, galactitol and the like. However, it is preferred that a soluble pharmaceutical filler such as lactose, dextrose, galactose, sucrose, or mixtures thereof be used. In

addition, it is to be understood that the above-mentioned sugars and sugar alcohols can also be used as carriers as well, in place of or in addition to the materials described above.

5           The properties and characteristics of a specific controlled release carrier or excipient system prepared according to the present invention is dependent in part on the individual characteristics of the homo- and hetero- polysaccharide constituents, in terms of polymer  
10           solubility, glass transition temperatures etc. In certain embodiments which include both a hetero- and homo-polysaccharide component with or without optional polysaccharide filler (e.g., lactose), the properties and characteristics of the resultant dry powder formulation  
15           will also be dependent in part on the synergism both between different homo- and heteropolysaccharides and between the homo- and heteropolysaccharides (severally or together) and the inert saccharide constituent(s) in modifying dissolution fluid-excipient interactions.

20           For example, in certain aspects of the invention, the formulations of the present invention are capable of delivering a medicament over controlled time periods in the respiratory tract. As shown in the examples using the modified Twin Stage Impinger (TSI), the formulations  
25           are capable of delivering different payloads of medicaments to stage 1 of the apparatus, which corresponds to the shallow lung region, over controlled periods of time. In certain embodiments of the invention, the percent of the medicament released in the  
30           stage 1 region during the first hour after delivering a metered dose can range from about 0.5 to amounts as high as about 90%. It will be understood to those of ordinary skill in the art that control of the release rates can be advantageous depending upon the pharmacokinetic and  
35           pharmacodynamic properties of the delivered medicament. Selection of the polysaccharide or blends of polysaccharides included in the cohesive composite to



provide a desired release profile will be apparent to the artisan without undue experimentation.

5 In certain embodiments of the invention, the formulations of the invention provide extended release of the medicament in the respiratory tract. For example, the formulations can be prepared to provide a release profile wherein the amount of medicament released from the cohesive composite after delivery to the shallow lung region does not reach at least about 50% until from about 10 2 to about 4 hours after delivery.

The dry powder insufflation/inhalation formulations are preferably prepared via a wet granulation method to obtain composite particles of medicament and carrier in the desired respirable size range (depending on whether 15 designed for naso-pharyngeal depositions, shallow lung or deep lung deposition, or some combination thereof). In certain embodiments, such composites are provided via the use of one or more wet granulation steps. However, the dry powder formulations of the invention may be prepared according to any technique to yield an acceptable 20 product.

In one aspect of the invention, the dry powder insufflation formulations are prepared as follows:

25 a drug is dissolved in a suitable solvent (e.g., water, alcohol, mixed solvents, etc.) and added to a polysaccharide or polysaccharide mixture in the desired size range. For oral insufflations, this will be 80% less than 10 microns; for nasal insufflations, the desired size range will be about 10 to about 355 microns. 30 Where required, the polysaccharides can be sieved to obtain the required size. In cases where the polysaccharide requires size reduction, a suitable milling method may be used, such as fluid energy milling (e.g., with micronizers or jet mills); hammer milling, 35 vibrational milling, ball milling, etc. In some cases, it will be more beneficial to carry out the milling procedure below the glass transition temperature or for

other reasons, to use cryogenic milling (using liquid CO<sub>2</sub>, N<sub>2</sub>, or other suitable cooling aid).

5 The concentration (or volume) of drug solution added to such fine polysaccharide particles will be an amount sufficient to provide enough wetting contact to create sufficient drug absorption into the polysaccharide surface and absorption onto the surface (this is especially important for starch) so as to yield the controlled release characteristics required. This will typically require an aqueous concentration of 10-50% w/w of polysaccharides. The absolute concentration being dependent on other method factors including time of wetted contact of solution with polysaccharide surfaces and/or temperatures during or preceding wetted contact. 10 This latter parameter is particularly important in the case of polysaccharides which require elevated temperatures to undergo solubility/gel transformations in certain circumstances (e.g., start to starch mucilage or locust bean gum sol to gel transformation). The contact time is preferably in the range of about 1 to 30 minutes in a high speed mixer, processor or other granulating means. The elevated temperature will be 80° to 100°C for starch and locust bean gum, although this is preferably not the temperature following contact with drug solution. 15 20

25 The contacted drug-polysaccharide wet mass can then be granulated in the usual way using either a high speed mixture granulator or spray granulated to provide liquid contact or other suitable method to provide composite particles in the entrainable size range (for delivery from an insufflator) usually 45-355 microns (and preferably 63-95 microns for non-compression insufflation). The powder or granular material is then dried, for example, using a tray drier or fluidized bed drier operated at approximately 60°C for a sufficient time to produce equilibrium moisture content conditions in the powder/granules. In the case of some drugs/bioactives using a freeze drying method so as to avoid 30 35

physical/chemical degradation. Finally, for some presentations (inhaler types or clinical uses), it may be desirable to apply a final further size reduction to the dried powder/granules. This can be carried out using one of the methods described above or by sieving.

In another aspect of the invention, a second method for preparing the insufflation formulations of the present invention is provided. The method described above is followed except that the volume of liquid used is much higher (e.g., 50-99% w/w water to polysaccharides) so as to provide a more complete gelation/solubilization of the polysaccharide components before or during contact with the drug solution. In such cases, the drying method may be by one of the methods described in the procedure described above or by spray drying or drum drying or spin flash drying, moving film drying or other suitable method. Alternatively, a de-watering step can be introduced prior to drying, e.g., using osmotic effects across a semi-permeable membrane. If necessary, final dried drug-loaded gel matrix can then be milled to provide powder in the desired size range using one of the methods described above.

A still further aspect of the invention provides a third method for preparing the formulations of the present invention. The first method is repeated except that the drug is milled or spray dried to the respirable range (0.1 to 10 microns for pulmonary use, or higher for nasal use) and applied as a suspension to the polysaccharide system in a largely solid/semi-solid state (first method) or semi-solid/liquid state (second method). The drug suspension can either be sprayed onto the polysaccharide powder (spray granulation) or be added in a high speed mixer granulator or other granulating means.

A fourth method for preparing the formulations of the present invention includes preparing a simple dry blend of fine drug particles (0.1-10 microns) with fine

polysaccharide particles (0.1-10 microns) using a suitable dry blender (e.g., Turbula™ mixer).

5 A fifth method for preparing the formulations of the present invention includes following the fourth procedure but adding water or other suitable solvent(s) to provide a composite of the blended drug/polysaccharides. Drying and screening size reduction, if required, can be carried out as described above.

10 Yet another (sixth) method for preparing the formulations of the present invention includes incorporating a saccharide component with the drug and polysaccharide blend. This method includes dissolving all the saccharide component along with the drug and adding it in a manner described any of the first three  
15 methods. Alternatively, the saccharide component may be added in solutions in the solvent system as described in the fifth method. The saccharide component can also be milled to the respirable fraction (0.1-10 microns for pulmonary, 10-355 microns for nasal) and dry blended with  
20 the products prepared by any of the five foregoing methods. Alternatively, the saccharide component may be fractionated to a size range suitable for functioning as a carrier capable of enhancing powder entrainment and deagglomeration during inspiration from a dry powder  
25 insufflator. For this purpose, the saccharide component should be in the size range 45-355 microns and preferably 63-125 microns. The composite controlled release material prepared in any of the foregoing five methods is dry blended for 5-30 minutes with the saccharide using a  
30 tumbling blender (e.g., Turbula mixer).

35 A seventh method of preparing the formulations of the present invention involves cases where it may be desirable to add a further inert component, such as a surfactant, lubricant, etc. This may be done by suitable addition into any of the foregoing methods. In the first, second, third and fifth methods, the addition is made in the liquid state. In the fourth and sixth

methods, the additive is in the solid state and added by simple dry blending.

A wide variety of medicaments can be utilized in the dry powder inhalation/insufflation formulations of the present invention. In general, medicaments which may be used in conjunction with the invention are preferably locally acting on the pulmonary tissue and/or be absorbable from the respiratory tract in sufficient quantities to provide a therapeutically desired effect. Such medicaments include the following:

(a) anticholinergic agents such as anisotropine, atropine, belladonna alkaloids, benztropine, biperiden, dicyclomine, glycopyrrolate, hyoscyamine, ipratropium, isopropamide, mepenzolate, methscopolamine, oxyphencyclimine, procyclidine, propantheline, scopolamine, tri-dihexethyl, trihexyphenidyl and cyclopentolate;

(b) corticosteroids such as beclomethasone, betamethasone, dexamethasone, hydrocortisone, methylprednisolone, prednisolone, clocortolone, flumethasone, fluocinolone, fluorometholone, flurandrenolide, triamcinolone, budesonide, desoximetasone, halcinonide, amcinonide, clobetasol, diflorasone and fluocinonide, fluticasone;

(c) sympathomimetics such as albuterol, albuterol sulfate, dobutamine hydrochloride, dopamine hydrochloride, ephedrine sulfate, epinephrine, fenfluramine hydrochloride, isoetharine, isoproterenol, mephentermine sulfate, metaproterenol sulfate, metaraminol bitartrate, methoxamine hydrochloride, norepinephrine bitartrate, phenylephrine hydrochloride, phenylpropanolamine hydrochloride, pseudoephedrine, ritaline hydrochloride, terbutaline sulfate, tetrahydrozoline hydrochloride, triprolidine and pseudoephedrine, and xylometazoline hydrochloride;

(d) posterior pituitary hormones such as nafarelin acetate and vasopressin;

(e) anti-hyperglycemic agents such as

acetohexamide, chlorpropamide, glipizide, glyburide, insulin preparations, tolazamide and tolbutamide;

(f) decongestants such as pseudoephedrine, phenylpropanolamine hydrochloride;

5 (g) bronchodilators such as albuterol, albuterol sulfate, atropine sulfate, bitolterol mesylate, dyphylline, epinephrine, ethylnorepinephrine hydrochloride, ipratropium bromide, isoetharine, isoproterenol, metaproterenol sulfate, oxtriphylline, 10 pirbuterol acetate, terbutaline sulfate and theophylline/aminophylline, salmeterol (and salts);

(h)  $\beta_2$ -adrenergic agonists such as albuterol, bitolterol mesylate, metaproterenol sulfate, pirbuterol acetate, ritodrine hydrochloride and terbutaline sulfate;

15 (i) antihistamines such as astemizole, azatadine maleate, brompheniramine maleate, buclizine hydrochloride, carbinoxamine, pseudoephedrine, chlorpheniramine maleate, clemastine fumarate, cyclizine, cyproheptadine hydrochloride, dexchlorpheniramine maleate, dimenhydrinate, diphenhydramine hydrochloride, 20 hydroxyzine, meclizine hydrochloride, methdilazine hydrochloride, promethazine hydrochloride, propiomazine hydrochloride, terfenadine, trimeprazine tartrate, tripelennamine, triprolidine, cromones such as cromolyn sodium, and nedocromil (and salts).

25 (j) cytokines, cytokine inhibitors (e.g., leucovorin), polypeptides, peptides, polypeptides, proteins, e.g., heparin, enzymes, genes, gene fragments, hormones, and N-acetylcysteine.

30 The above list of drug classes and particular medicaments is by way of example only and is not meant to be exclusive.

#### Insufflation Inhalation Devices

35 In general, insufflation inhalation devices suitable for use in connection with the inventive controlled release particulate dosage forms comprise a housing

5 having a passageway for the flow of air, in which one end  
of the passageway is designed for insertion in the mouth  
or nose, a chamber containing controlled release  
particles of a cohesive composite of a medicament  
together with a pharmaceutically acceptable  
polysaccharide carrier suitable for oral inhalation,  
wherein the average discrete particle size is from about  
0.1 to about 10 microns in diameter for the or-pulmonary  
route or 10 to 355 microns for the nasal route, actuating  
10 means for releasing a unit dose of the particles into  
said passageway, such that the unit dose is drawn through  
said passageway during an inspiration by the patient and  
is delivered to the naso-pharynx and/or the pulmonary  
tract of the patient.

15 The formulations of the present invention may be  
adapted for use with respect to any oral and/or nasal  
insufflation device for powdered or solid medicaments.  
For example, the composite powder of the present  
invention may be compressed into a solid dosage form such  
20 as a ring tablet which is then placed into an appropriate  
insufflation device which includes comminuting or other  
means for providing discrete powder particles in the  
respirable fraction from the insufflation device when the  
device is actuated (e.g., when a unit dose of medicament  
25 is to administered via inspiration).

30 There are many devices described in the prior art  
which are useful for delivering a dose of powdered drug  
to the respiratory tract or naso-pharynx of a patient.  
Examples of such devices which would be useful in  
delivering the formulations of the present invention are  
described below.

35 One such device is known as the Bepak device de-  
scribed in PCT publication WO 92/00771, hereby in-  
corporated by reference, and available from Innovata  
Biomed Limited. The device described therein includes a  
storage chamber for storing a powdered drug to be  
administered and a metering member having metering cups

in which individual doses of the powdered drug are placed. Air is inhaled through an inhalation passage at one end of the device and directed into contact with the metering cup that has been filled with the powdered drug. The metering cup is oriented upwardly open to face the air stream and to enable the powder to be released from the cup. Upon inhalation, the dose is mixed with the air flow and continues through the mouthpiece to be inhaled.

The metering cups on the metering member are arranged on an outer frusto-conical wall so that each metering cup is positionable to be upwardly open and face the air flow during inhalation. The metering member rotates so that the metering cups move between a position in which the cup receives a dose of the powdered drug from the storage chamber to a position in which the cup is exposed to the air flow. As one cup is exposed to the air flow, another cup is aligned with the storage chamber and is being filled with powder.

After the dose is blown from the metering cup, and upon subsequent rotation of the metering member, the cup is wiped and cleaned by a wiping element to remove any undispersed powder and then dried via a moisture absorbent material.

Another device for delivery of inhalation powders is described in U.S. Patent No. 2,587,215 (Priestly), hereby incorporated by reference. Priestly describes an inhaler having a storage chamber containing a powdered medicament, a mixing chamber and means to move a set dose of medicament from the storage chamber to the mixing chamber. The dose is mixed with air in the mixing chamber and inhaled through a mouthpiece.

Yet another inhalation device suitable for delivering powdered inhalation drugs is described in U.S. Patent No. 4,274,403 (Struve), hereby incorporated by reference. Struve describes an inhaler for administering a powdered drug nasally, which includes storage means for containing a quantity of the drug therein. The storage



means includes a feed hole through which the powdered drug may be received from the storage means. The device further includes a dispensing head operatively coupled to the storage means for dispensing the powdered drug more nasally. The dispensing head of the Struve inhaler includes a nozzle, a body portion, a dispensing cylinder and a vent means. The nozzle is shaped to be received in the nasal passage of the user. The nozzle includes a dispensing passageway for dispensing the dose into the nasal cavity of patient.

The body portion is located adjacent the nozzle and has a traverse bore therein. The traverse bore operatively connects the dispensing passageway in the nozzle with the feed hole leading to the drug storage means. The feed hole and the dispensing passageway are transversely offset relative to one another at the points where they enter the transverse bore.

The dispensing cylinder includes a metering chamber. The metering chamber may be selectively aligned with either the feed hole or the dispensing passageway. The dispensing cylinder is slidably received in the transverse bore for movement between a first transverse position in which the metering chamber is aligned with the feed hole and a second transverse position in which the metering chamber is aligned with the dispensing passageway. In its first position, the metering chamber can be filled with a charge of the powdered drug when the inhaler is manipulated. In the second position, places the charge of the powdered drug into the dispensing passageway for inhalation by the user.

The vent means is formed as part of the dispensing cylinder and is capable of venting the metering chamber to atmosphere only in the second position of the cylinder, i.e. when the powder disposed in the device such that it may be inhaled by the user.

Another inhaler device is disclosed in U.S. Patent No. 4,524,769 (Wetterlin), hereby incorporated by

reference. Wetterlin describes a dosage inhaler for administering a micronized pharmacologically active substance to a patient. The inhaler includes a gas conduit means through which gas passes for carrying the micronized substance to be administered. The inhaler further includes a membrane having a plurality of preselected perforated portions, each portion adapted to hold and dispense a reproducible unit dose of less than 50 mg of said active substance, in dry powder form. The powder particles have a particle size of less than 5 micrometers. The membrane is movably connected to the gas conduit means so that one of the preselected portions can be positioned within the gas conduit means so that the substance held in the preselected portion may be dispensed. The remaining preselected portion can be in a position external to said gas conduit means to receive said active substance. The membrane is movable through a plurality of positions whereby each preselected portion of the membrane can be successively positioned within the gas conduit to dispense the unit dose of the active substance held therein. Each preselected portion from which the active substance has been dispensed can be moved to said external position to receive active substance.

GB Patent Application No. 2,041,763, hereby incorporated by reference, describes an inhaler having a powder storage chamber and a rotatable metering member having dosing holes which open to the storage chamber in one position and open to the mixing chamber in another position. Upon rotation of the metering member, the powder is carried from the storage chamber to the mixing chamber to be inhaled.

EP 0 079 478, hereby incorporated by reference, describes an inhaler having a storage chamber, inhalation air passage and rotatable delivery member having a cavity formed therein. The delivery member is rotated from one position in which the cavity receives powder from the

storage chamber to another position in which the powder falls from the cavity by the effect of gravity into a collector positioned in the air passage.

5 U.S. Patent No. 4,860,740 (Kirk et al.), hereby incorporated by reference, describes an inhaler having a rotatable metering member with recesses formed therein. The recesses contain a powdered medicament. Upon rotation of the metering member, one of the recesses is exposed to the air inhalation passage to be entrained in the air stream and inhaled.

10 The Easyhaler™, described in PCT publication WO 92/09322, hereby incorporated by reference, and available from Boehringer Ingelheim is illustrative of another suitable device for delivering the formulations of the present invention. The device includes a supply of a pulverized medical substance and a "dosing means", which is a rotatable cylinder having five uniform recesses arranged around the periphery of the cylinder. The cylinder is rotated such that one recess aligns with the supply of drug and is filled by a quantity of the drug while another recess aligns with an air channel connected to the mouthpiece. The filled recess is then rotated to another position in the direct path of an inhalation air flow. The dose is pre-set by the recessed portion of the rotatable dosing means and is flushed clean by the direct air flow through the inhalation chamber.

20 To operate the device, the rotating dosing means is turned so that a full dosing chamber (having already been filled up after the previous use) is rotated into alignment with the air channel leading to the mouthpiece. Upon inhalation by the user, air is drawn through apertures and nozzles directly into the dosing chamber. The air flow flushes the dosing chamber causing the drug to be carried with the air in the direction of the inhalation through the mouthpiece. The axis of the air channel is arranged at an angle to the axis of the dosing means of between 70° and 110°, but preferably 90°

(perpendicular).

U.S. Patent No. 5,176,132, hereby incorporated by reference, discloses a device for the administration to the lung by inhalation of a medicament in powdered form. The device includes a mouthpiece, a medicament reservoir communicating with said mouthpiece, and metering means for dispensing a dose of medicament from the reservoir. The reservoir contains a compacted body of powdered medicament including an active ingredient having a particle size of from 1 to 10  $\mu\text{m}$  when in loose powder form. The metering means includes a rotatable helical blade for abrading the compacted body. Thus when actuated, the helical blade abrades the compacted powdered medicament into particles capable of being inhaled into the respiratory tract of a patient.

International patent applications, PCT/EP93/01157 and PCT/EP93/01158 (assigned to GGU), hereby incorporated by reference, are directed to an inhalation device and to a annular tablet, respectively. GGU's device includes a medicament reservoir body situated in a mouthpiece. The body forms the beginning of an inhalation tube through which the medicament is inhaled. The drug is in a compacted and annular (ring) form. In use, a face mill cutter rotates, generating particles of the drug. Upon inhalation, air flows through air inlet openings in the casing and in the area of the cutting edges of the face mill cutter. Together with depressions situated between the cutting edges, the inlet openings and the depressions form an air channel leading to the mouthpiece, through which the drug particles are inhaled.

The quantity of each dose is determined by the amount of rotations of the face mill cutter. A spring presses the inhalation tube and thus the drug body toward the face mill cutter. In operation, a wind-up button is rotated to load the spring. By pressing the trigger mechanism, the spring is released thereby rotating the upper portion to which is connected the face mill cutter.

According to PCT/EP93/01158, the supply of pharmaceutical agent is present in solid, tablet form and has an isotropic solid structure. The strength, density and composition of the solid is homogenous. The tablets are made via cold isostatic compression at pressures between 50 - 500 megapascals (MPa).

#### Compressed Formulations

The cohesive composite particles comprising the dry powder insufflation formulations of the invention are capable of being compressed into a solid mass for insertion into a suitable inhalation device. In the event that the formulation is to be compressed, an effective amount of any generally accepted pharmaceutical lubricant, such as HVO or PEG, may be added to the above-mentioned ingredients of the excipient at the time the medicament is added, or any time prior to compression into a solid dosage form. Suitable lubricants can be added in an amount of from about 0.5% to about 3% by weight of the solid dosage form. An especially preferred lubricant is sodium stearyl fumarate, NF, commercially available under the trade name Pruv® from the Edward Mendell Co., Inc.

#### DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

The following examples illustrate various aspects of the present invention. They are not to be construed to limit the claims in any manner whatsoever.

##### EXAMPLE 1

30.0522 grams of dry xanthan gum is blended with 30.0284 grams of locust bean gum in a food processor on the high speed setting for about 15 seconds. 7.5516 grams of a solution containing 16.0165 grams of albuterol sulfate in 200.05 grams of ethanol is added to the blended gums in the food processor and blended on the high speed setting for 1 minute to form a wet composite.

The wet composite is screened through a 355 micron sieve and then dried at 60°C to approximately equilibrium moisture content (about 4 percent LOD). The dried composite is then screened through 45, 63 and 125 micron sieves. The greater than 45 micron, 45-63 micron, and the 63-125 micron fractions are separately packed and sealed in bottles containing desiccant cartridges to preserve the bioactive characteristics of the gums and avoid swelling of the gums prior to inhalation.

#### EXAMPLE 2

The procedure set forth in Example 1 is repeated except that the following ingredients are used:

30.0624 grams of xanthan gum  
30.0520 grams of locust bean gum  
3.7585 grams of a solution containing  
24.073 grams of albuterol sulfate in  
300.05 grams of water

The resulting dried composite is screened in the same manner and the fractions obtained were separately packaged in sealed containers containing desiccant cartridges.

#### EXAMPLE 3

In this example, 40.0024 grams of lactose and 5.0217 grams of a solution containing 16.0165 grams of albuterol sulfate in 200.05 grams of ethanol are added to a food processor and blended for 1 minute. The resultant wet granulate is screened through a 355 micron sieve. The screened composite is then dried at 60°C to about 4 percent LOD. The dried composite is then screened through 45, 63, and 125 micron sieves. The less than 45 micron, 45-63 micron, and 63-125 micron fractions are separately packed in sealed bottles containing a desiccant cartridge.

**EXAMPLE 4****IN-VITRO DRUG DELIVERY STUDIES**

5 In this example, the products of Examples 1-3 were studied to determine drug delivery of the respective formulations. The fraction containing 45-63 micron particles for each of the products prepared in Examples 1-3 were placed into size 3 gelatin capsules (20 mg  $\pm$  2 mg). The 45-63 micron fraction was selected to insure shallow lung penetration. The studies were conducted using a Twin Stage Impinger (TSI) apparatus A as described in British Pharmacopeia, 1993, Vol. II (Appendix XVII C, page A 194), incorporated by reference herein. The TSI and monograph provide a determination of the deposition of a dose emitted from a pressurized inhaler. According to the monograph, the upper and lower impingement chambers correspond to shallow lung and deep lung regions. Thus, by measuring the amount of active ingredient recovered from each chamber, the artisan can determine the amount of drug delivered to each area which is measured as a percentage of the total dose.

10 Following the procedures set forth in the British Pharmacopeia, *supra*, separate TSI analyses were carried out for each product, i.e., Examples 1, 2 and 3. A filled capsule was fitted individually into a MIAT cyclohaler containing specially molded mouthpiece to fit the inlet to the TSI. The capsules were pierced in the cyclohaler. At each time period indicated in the tables below, the TSI was activated for 10 seconds at 60 dm<sup>3</sup>/minute. The device was then disassembled and the liquid in Stages 1 and 2 of the TSI was analyzed by spectrofluorimetry to determine the amount of drug delivered, (excitation wavelength: 235 nm; emission wavelength: 303 nm; scan speed: fast; excitation slit width: 10 nm; sensitivity: low; emission slit width: 10 nm; excitation start wavelength: 200 nm; emission start wavelength: 250 nm; emission end wavelength: 350 nm; excitation end wavelength: 300 nm).

Disassembling of the TSI and analysis was carried out at the different times shown in the Tables below after firing in order to determine the quantities of drug released into stage 1 and stage 2 liquid at the times shown. The results obtained for each of the formulations of Examples 1-3 is provided below:

**RESULTS**

<b>EXAMPLE 1</b>				
<b>ALBUTEROL RELEASED (<math>\mu\text{g}</math>) FROM 112 <math>\mu\text{g}</math> TOTAL CONTENT (9% R.S.D.)</b>				
<b>MEAN DRUG CONCENTRATION (<math>\mu\text{g}</math>)</b>				
<b>STAGE 1</b>		<b>STAGE 2</b>		
<b>Time (Minutes)</b>	<b>Amount</b>	<b>%</b>	<b>Amount</b>	<b>%</b>
0	0	0	0	0
15	5.55	4.96	1.31	1.17
30	3.99	3.56	0.74	0.66
45	4.86	4.34	0.87	0.78
60	4.70	4.20	1.11	0.99
240	11.8	10.54	5.2	4.64
360	15.0	13.39	10.2	9.11

<b>EXAMPLE 2</b>				
<b>ALBUTEROL RELEASED (<math>\mu\text{g}</math>) FROM 26.7 <math>\mu\text{g}</math> TOTAL CONTENT (10% R.S.D.)</b>				
<b>MEAN DRUG CONCENTRATION (<math>\mu\text{g}</math>)</b>				
<b>STAGE 1</b>		<b>STAGE 2</b>		
<b>Time (Minutes)</b>	<b>Amount</b>	<b>%</b>	<b>Amount</b>	<b>%</b>
0	0.18	0.67	0.5	1.81
15	1.97	7.38	0.13	0.49
30	3.93	14.72	0.53	1.99
45	4.73	17.72	0.57	2.13
60	4.97	18.61	0.59	2.21
120	6.9	25.84	1.1	4.12



<b>EXAMPLE 3</b>				
<b>ALBUTEROL RELEASED (<math>\mu</math>g) FROM 153.8 <math>\mu</math>g TOTAL CONTENT (2% R.S.D.)</b>				
<b>MEAN DRUG CONCENTRATION (<math>\mu</math>g)</b>				
<b>Time (Minutes)</b>	<b>STAGE 1</b>		<b>STAGE 2</b>	
	<b>Amount</b>	<b>%</b>	<b>Amount</b>	<b>%</b>
0	30.08	19.56	0.32	0.21
15	29.46	19.15	0.88	0.57
30	25.34	16.48	0.37	0.24
45	27.76	18.05	0.1	0.07
60	30.88	20.08	0.45	0.29

From the foregoing data, it can be seen that the products of examples 1 and 2 where the drug is associated with a polysaccharide, the amount of drug released at time = 0 into both chambers is zero or close to zero and increases over the release periods studied in a controlled manner. In the case of the product of example 3, in which the drug is only associated with lactose, the total payload of drug available for release is released at time = 0 with no significant further drug release after that time period. Therefore, the drug concentration, drug:polysaccharide ratio, and manner of drug loading on the carrier are significant controlling or influencing drug release from the insufflation formulations of the present invention.

#### **EXAMPLES 5-7**

In these examples, additional insufflation composite formulations were prepared to contain various ratios (by weight in grams) of salbutamol and xanthan gum. The ratios for each example are set forth in the Table below.

Example	salbutamol	xanthan gum
5	0.5	100
6	0.8	100
7	1.0	100

In each case, the appropriate amount of salbutamol base was dissolved in about 30 milliliters of ethanol 95%. The appropriate amount of xanthan gum was weighed and placed into a Magimix food processor bowl. The salbutamol solution was added slowly over a period of five minutes into the mixer bowl. Thereafter, 35 milliliters of distilled water was slowly added to the bowl and the resulting granules were spread evenly on a tray and dried overnight in a vacuum at 60°C. The dried granules were then reduced in a hammer mill and passed through a 355 micron mesh screen before being micronized in a Glen Creston Gen-air pulverizer. The dried composite was then placed into size 3 gelatin capsules (20 mg  $\pm$  2 mg).

#### **EXAMPLE 8**

The procedure set forth in Example 4 was modified to determine drug delivery of the respective formulations to the first stage of a Twin Stage Impinger (TSI) apparatus A. In particular, determination of the dose emitted from either a Rotohaler™, available from Glaxo-Wellcome, and/or a Miat inhaler device over time was measured by determining the amount of salbutamol recovered from the first chamber, measured as a percentage of the total dose.

For each determination, 5 capsules were fired individually into the inhaler, i.e. Rotohaler or Miat, containing specially molded mouthpiece to fit the inlet to the TSI. The capsules were pierced in the inhaler and at each time period indicated in the tables below, the TSI was activated for 10 seconds at 60 dm<sup>3</sup>/minute. Four milliliters of solution was taken immediately after

firing from stage 1 and subsequently at the time periods shown in the tables below. Each four milliliter aliquot of water was replaced to maintain the water level above the grid of the modified TSI separating stage 1 from stage 2. The device, mouth and throat and stage 2 were washed into separate volumetric flasks, (i.e., device into 200ml, mouth and throat into 100 ml, stage 1 into curvette and stage 2 into 200ml flasks). A fresh calibration plot was obtained on the Shimadzu fluorescence detector and the solutions were measured for intensity and a release profile was obtained (excitation wavelength: 281 nm; emission wavelength: 303 nm). The results obtained for each of the formulations of Examples 5-7 are provided below:

**TABLE I A. ROTOHALER**  
**RESULTS FOR EXAMPLE 5 FORMULATION**  
**(0.5:100 SALBUTAMOL:XANTHAN)**

Time (minutes)	Salbutamol content ( $\mu\text{g}$ )	% Salbutamol in stage 1
0	0	0
3.5	12.9	3.6
30	3.3	0.9
52	0.0	0.0
94	26.0	7.3
110	21.2	6.0
120	21.6	6.1
159	35.0	9.8
180	36.8	10.3
254	30.6	8.6
285	58.6	16.4
300	81.8	23.0
330	57.6	16.2
356	107.4	30.2
390	128.2	36.0
420	125.9	35.3
460	135.5	38.1
1320	356.2	100.0
extrapo- lated	356.2	
device	53.6	
Mouth+ throat	280.8	
Stage 2	213.0	
Total	903.3	

In this example, it was determined that 39.4 % (356.2/903.6) of the salbutamol dose was recovered in stage 1.

**TABLE I B. MIAT**  
**RESULTS FOR EXAMPLE 5 FORMULATION**  
**(0.5:100 SALBUTAMOL:XANTHAN)**

Time (minutes)	Salbutamol content ( $\mu\text{g}$ )	% Salbutamol in stage 1
0	0	0
12.5	6.4	2.2
30	32.7	11.1
61	29.4	9.9
90	28.5	9.6
121	22.4	7.6
150	25.4	8.6
198	39.1	13.2
300	56.0	18.9
331	70.6	23.9
367	74.5	25.2
411	81.4	27.5
434	88.5	29.9
483	122.2	41.3
1280	295.8	100.0
extrapo- lated	295.8	
device	15.6	
Mouth+ throat	423.3	
Stage 2	89.2	
Total	823.9	

It was determined that 33.4% of the salbutamol was recovered (299.5/823.9) in stage 1.

**TABLE II A. ROTOHALER**  
**RESULTS FOR EXAMPLE 6 FORMULATION**  
**(0.8:100 SALBUTAMOL:XANTHAN)**

Time (minutes)	Salbutamol content ( $\mu$ g)	Salbutamol in stage 1
0	0	0
3	0	0
30	29.7	11.1
60	113.5	42.3
92	210.7	78.6
120	251.1	93.6
150	264.6	98.6
176	267.6	99.8
240	270.6	100.9
294	266.1	99.2
360	267.6	99.8
extrapo- lated	268.2	
device	82.3	
Mouth+ throat	234.2	
Stage 2	84.0	
Total	552.5	

It was determined that 48.5% of the salbutamol was recovered (268.2/552.5) in stage 1.

**TABLE II B. MIAT INHALER**  
**RESULTS FOR EXAMPLE 6 FORMULATION**  
**(0.8:100 SALBUTAMOL:XANTHAN)**

Time (minutes)	Salbutamol content ( $\mu$ g)	Salbutamol in stage 1
0	0	0
7.5	34.8	10.1
30	27.3	7.9
60	33.5	9.7
92	51.6	15.0
127	65.4	19.0
150	107.5	31.2
180	249.1	72.3
296	267.7	77.7
365	285.7	82.9
368	295.2	85.6
392	319.4	92.7
407	329.8	95.7
487	325.7	94.5
1380	344.7	100.0
extrapo- lated	344.7	
device	64.5	
Mouth+ throat	244.0	
Stage 2	266.3	
Total	919.5	

It was determined that 37.4% of the salbutamol was recovered (344.7/919.5) in stage 1.

**TABLE III A. ROTOHALER**  
**RESULTS FOR EXAMPLE 7 FORMULATION**  
**(1:100 SALBUTAMOL:XANTHAN)**

Time (minutes)	Salbutamol content ( $\mu$ g)	% Salbutamol in stage 1
0	0	0
3.5	8.0	2.1
30	12.7	3.0
60	54.8	14.5
90	39.2	10.3
130	71.9	19.0
157	51.6	13.6
180	62.6	16.5
215	98.4	26.0
255	129.6	34.2
315	193.5	51.1
361	244.9	64.6
381	282.3	74.5
1320	379.0	100.0
extrapo- lated	379.0	
device	66.6	
Mouth+ throat	307.7	
Stage 2	131.1	
Total	884.5	

It was determined that 42.8% of the salbutamol (379/884.5) was recovered in stage 1. It was also determined that 100% release was obtained 600 minutes (10 hours).



**TABLE III B. MIAT DEVICE**  
**RESULTS FOR EXAMPLE 7 FORMULATION**  
**(1:100 SALBUTAMOL:XANTHAN)**

Time (minutes)	Salbutamol content ( $\mu\text{g}$ )	% Salbutamol in stage 1
0	0	0
10.5	28.1	9.4
32	39.3	13.1
60	50.9	17.0
91	90.8	30.3
143	110.6	36.9
181	151.1	50.4
200	182.5	60.9
269	238.6	79.7
308	261.8	87.4
361	279.6	93.3
404	276.2	92.2
491	277.4	92.6
1280	299.5	100.00%
extrapo- lated	299.5	
device	21.1	
Mouth+ throat	472.3	
Stage 2	102.6	
Total	895.5	

It was determined that 37.4% of the salbutamol  
 (299.5/ 895.5) was recovered in stage 1.

**EXAMPLES 9-11**

In these examples, salbutamol insufflation composite formulations were prepared to contain blends of xanthan and locust bean gum in the ratios set forth below.

EXAMPLE	XANTHAN GUM	LOCUST BEAN GUM
9	1	1
10	1	2
11	2	1

In each example, the ratio of salbutamol to xanthan/locust bean gum carrier blend was 1:100.

The formulation of Example 9 was prepared as follows:

50 grams of locust bean gum was weighed and combined with 60 milliliters of distilled water in a high shear Magimix mixer. The resultant mixture was weighed and then heated to 80°C and held at this temperature for 15 minutes. The mixture was then allowed to cool to room temperature and weighed again to determine moisture loss. Afterwards, 50 grams of xanthan gum was added and blended with the locust bean gum mixture using the Magimix high shear blender. Next, 1 gram of salbutamol which had been completely dissolved in 30 milliliters of ethanol 95 was added dropwise to the mixture while mixing continued. The solution was allowed to dry overnight at 60°C and then micronized into composite particles.

The composites of Examples 12 and 13 were done in the same manner as that used above. In Example 12, 33 grams of xanthan gum and 66 grams of locust bean gum were used. In Example 13, 66 grams of xanthan gum and 33 grams of locust bean gum were used. In each case, capsules were prepared in the same manner as was done in the earlier examples and TSI data was then generated

in the same manner as that set forth above in Example 8. The results are set forth below in Table IV.

**TABLE IV A. ROTOHALER DEVICE**  
**RESULTS FOR EXAMPLE 9 FORMULATION:**  
**(1:1 XANTHAN:LOCUST BEAN GUM)**

Time (minutes)	Salbutamol content( $\mu$ g)	% Salbutamol in stage 1
0	0	0
4	82.3	18.1
44	82.1	18.0
120	146.4	32.2
185	160.7	35.3
270	158.9	34.9
338	131.7	29.0
1410	143.6	31.6
extra- polated	455.0	100.0
Device	111.7	
Mouth+ throat	198.9	
Stage 2	190.9	
Total	956.5	

It was determined that 47.5% of the salbutamol 455.0/958.5 was recovered was recovered in stage 1.

**TABLE IV B. ROTOHALER DEVICE**  
**RESULTS FOR EXAMPLE 10 FORMULATION**  
**(1:2 XANTHAN:LOCUST BEAN GUM)**

Time (minutes)	Salbutamol content ( $\mu$ g)	% Salbutamol in stage 1
0	0	0
4	44.3	11.6
60	119.2	31.1
122	65.7	17.2
307	83.0	21.7
405	98.0	25.6
720	190.6	49.8
1420	192.0	50.2
Extra- polated	382.7	100.0
Device	91.3	
Mouth+ throat	236.5	
Stage 2	153.1	
Total	863.6	

It was determined that 44.3% of the salbutamol was released (382.7/863.6) in stage 1.

**TABLE IV C. ROTOHALER DEVICE**  
**RESULTS FOR EXAMPLE 11 FORMULATION**  
**(2:1 XANTHAN:LOCUST BEAN GUM)**

Time (minutes)	Salbutamol content ( $\mu$ g)	% Salbutamol in stage 1
0	0	0
4	34.2	7.7
60	68.1	15.3
120	80.4	18.1
175	93.0	20.9
273	114.8	25.8
369	146.0	32.8
420	155.6	35.0
1412	234.0	52.6
extra- polated	444.5	100.0
Device	126.6	
Mouth+ throat	173.1	
Stage 2	207.3	
Total	951.4	

It was determined that 46.7% of the salbutamol was released (444.5/951.4) in stage 1.

From the forgoing examples, it can be seen that the overall trends for release of the drug from the composites using either the ROTOHALER or MIAT devices are similar, but not identical. A difference can be seen between the release rates from the two inhalers. For example, it is believed that the MIAT device tends to deposit more material in the mouth and throat sections of the TSI device and this has the effect of reducing the amount of salbutamol and carrier, i.e. xanthan gum and/or locust bean gum available to make a "gel" in stage 1. While Applicants are not bound by

theory, it is believed that the insufflation device selected will have some influence on the diffusion rate of the drug. In spite of this observation, the cohesive composite formulations of the present invention provide controlled release of the medicament included therein.

#### **EXAMPLE 12**

In this example, a 1:100 salbutamol: xanthan-locust bean gum blend insufflation formulation was prepared. The ratio of xanthan gum to locust bean gum was 1:1. The blend of xanthan gum and locust bean gum, however, was prepared as follows:

50 grams of locust bean gum and 50 grams of xanthan gum were weighed and placed into a Magimix blender. Separately, one gram of salbutamol was dissolved in about 30 milliliters of ethanol 95. The solution was added to the Magimix while mixing was continued. Thereafter, 60 milliliters of distilled water was added to form granules. The granules were then dried overnight at 60°C and then micronized.

#### **EXAMPLE 13**

In this example, an insufflation composition was prepared following the method of Examples 5-7 except that the salbutamol was combined with locust bean gum in a ratio of 1:100. The composite was then subjected to TSI evaluation using a ROTOHALER. The results are provided below:

45

**TABLE V**  
**(1.0:100 SALBUTAMOL:LOCUST BEAN GUM)**

Time (minutes)	Salbutamol content ( $\mu$ g)	Salbutamol in stage 1 (%)
0	0	0
2.5	256.5	45.1
10	408.2	71.7
15	445.7	78.3
20	446.1	78.4
25	470.3	82.6
30	487.7	85.7
65	494.8	86.9
90	514.6	90.4
133	519.3	91.2
150	522.5	91.8
177	545.3	95.8
240	529.2	92.9
287	546.1	95.9
307	520.9	91.5
326	519.2	91.2
360	538.6	94.6
420	533.5	93.7
1390	535.6	94.1
extrapo- lated	569.3	100.0
device	89.2	
Mouth+ throat	215.9	
Stage 2	47.6	
Total	921.9	

In this formulation experiment, it was determined that 61.7% of the salbutamol was released (569.3/921.9) in stage 1.

**EXAMPLE 14**

In this example, a 1:100 salbutamol: xanthan-locust bean gum blend insufflation formulation was prepared. The ratio of xanthan gum to locust bean gum was 1:1. The blend of xanthan gum and locust bean gum, however, was prepared as follows:

50 grams of locust bean gum and 50 grams of xanthan gum were weighed and placed into a Magimix blender. Separately, one gram of salbutamol was dissolved in about 30 milliliters of ethanol 95. The solution was added to the Magimix while mixing was continued. Thereafter, 60 milliliters of distilled water was added to form granules. The granules were then dried overnight at 60°C and then micronized.

**EXAMPLE 15**

As a comparison, a formulation containing salbutamol and lactose in a ratio of 1:100 was prepared following the procedure of Example 3. The control composite was then subjected to modified TSI evaluation using a ROTOHALER. The results are provided below:



**TABLE VI**  
**(1.0:100 SALBUTAMOL:LACTOSE)**

Time (minutes)	Salbutamol content( $\mu$ g)	Salbutamol in stage 1 (%)
0	0	0
1.5	57.4	17.1
2.0	169.4	50.5
2.5	195.7	58.3
3.0	204.2	60.9
3.5	224.5	66.9
4.0	276.3	82.4
4.5	299.8	89.4
5.0	277.0	82.6
6.0	325.8	97.1
10.0	335.5	100
device	198.9	
Mouth+ throat	76.2	
Stage 2	73.5	
Total	684.0	

From the table it can be seen that even using the modified TSI and in spite of the change of inhaler from the MIAT to Rotohaler, the lactose failed to provide the desired amount of controlled release. One hundred percent of the salbutamol was released in ten minutes.

The examples provided above are not meant to be exclusive. Many other variations of the present invention would be obvious to those skilled in the art, and are contemplated to be within the scope of the appended claims.

**WHAT IS CLAIMED IS:**

1. A respirable particle-based pharmaceutical formulation for delivering a medicament via insufflation, comprising controlled release particles of a cohesive composite of a medicament and a pharmaceutically-acceptable carrier comprising a polysaccharide gum of natural origin, wherein the average particle size of the said cohesive composite particles is from about 0.1 to about 125 microns in diameter.

2. The formulation of claim 1, wherein the average particle size of said cohesive composite particle is from about 0.1 to about 10 microns.

3. The formulation of claim 1, wherein the average particle size of said cohesive composite particle is from about 1.0 to about 355 microns.

4. The formulation of claim 1, wherein the average particle size of said cohesive composite particle is from about 10 to about 125 microns.

5. The formulation of claim 1, wherein said polysaccharide gum comprises a member of the group consisting of homopolysaccharide gums, heteropolysaccharide gums and mixtures thereof.

6. The formulation of claim 1, wherein said polysaccharide gum comprises a starch.

7. The formulation of claim 5, wherein said heteropolysaccharide gum is xanthan gum and said homopolysaccharide gum is locust bean gum.

8. The formulation of claim 1, wherein said poly-saccharide gum comprises a heteropolysaccharide gum and a homopolysaccharide gum in a ratio of from about 1:3 to about 3:1.

9. The formulation of claim 1, wherein the drug to gum ratio is from about 0.5:100 to about 1:1.

10. The formulation of claim 1, wherein the drug to gum ratio is from about 1:100 to about 1:2.

11. The formulation of claim 1, further comprising from about 0.1 to about 50% by weight of a cationic cross-linking agent comprising an alkaline metal or an alkaline earth metal sulfate, chloride, borate, bromide, citrate, acetate or lactate.

12. The formulation of claim 11, wherein said cationic cross-linking agent is selected from the group consisting of potassium chloride and sodium chloride.

13. The formulation of claim 1, wherein said pharmaceutically acceptable carrier further comprises an inert saccharide diluent selected from the group consisting of monosaccharides, disaccharides and mixtures thereof.

14. The formulation of claim 1, wherein said pharmaceutically acceptable carrier further comprises a pharmaceutically-acceptable surfactant in an amount of from about 0.5 to about 3% by weight of the controlled release carrier.

15. The formulation of claim 14, wherein said surfactant is selected from the group consisting of pharmaceutically-acceptable anionic surfactants, cationic surfactants, amphoteric

(amphipathic/amphophilic) surfactants, non-ionic surfactants, and mixtures thereof.

16. The formulation of claim 1, wherein said controlled release particles are compressed together to form a solid mass.

17. A method of preparing a controlled release pharmaceutical formulation for insufflation therapy, comprising

coprocessing a mixture of a medicament together with a polysaccharide gum of natural origin to form a cohesive composite of medicament and gum and thereafter milling said cohesive composite of medicament and gum to obtain particles having a diameter from about 0.1 to about 355 microns.

18. The method of 17, further comprising milling said polysaccharide gum prior to coprocessing said gum with said medicament.

19. A method of treating a patient via oral or nasal insufflation therapy, comprising

coprocessing a mixture of a medicament together with a polysaccharide gum of natural origin to form a cohesive composite of medicament and gum and thereafter milling said resultant cohesive composite of medicament and gum to obtain particles having a diameter from about 0.1 to about 355 microns,

incorporating the resultant particles into a suitable inhalation device, and

administering a metered unit dose of the cohesive composite to a patient with said inhalation device to provide a therapeutically effective dose of medicament for absorption in the respiratory tract or intra-nasally.

20. A capsule, cartridge blister or aerosol container containing a cohesive composite of a medicament together with a pharmaceutically acceptable carrier comprising a polysaccharide of natural origin, wherein the average particle size is from about 0.1 to about 355 microns in diameter.

21. A method for providing an oral insufflation formulation for controlled release of a medicament in the upper airways of the respiratory tract, comprising granulating a mixture of a medicament together with a polysaccharide gum of natural origin, drying the resultant granulation, milling the resultant cohesive composite of medicament and gum to obtain particles having a diameter from about 0.1 to about 355 microns, and incorporating the resultant particles into an inhalation device suitable for delivering a unit dose of said particles to the upper respiratory tract of a human patient.

22. The use of controlled release particles of a cohesive composite of a medicament and a pharmaceutically-acceptable carrier comprising a polysaccharide gum of natural origin, wherein the average particle size said cohesive composite particles is from about 125 to about 355 microns, to deliver said medicament to the respiratory tract.

## INTERNATIONAL SEARCH REPORT

International application No.

PCT/US96/05333

**A. CLASSIFICATION OF SUBJECT MATTER**

IPC(6) : A61K 9/48, 9/14, 9/50; A61M 31/00

US CL : 424/434, 435, 440, 485, 499, 500; 604/58

According to International Patent Classification (IPC) or to both national classification and IPC

**B. FIELDS SEARCHED**

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 424/434, 435, 440, 485, 499, 500; 604/58

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US, A, 4,994,276 (BAICHWAL ET AL.) 19 FEBRUARY 1991, see entire document.	1, 2, 4-20

☐ Further documents are listed in the continuation of Box C.
 ☐ See patent family annex.

* Special categories of cited documents:	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"A" document defining the general state of the art which is not considered to be of particular relevance	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"E" earlier document published on or after the international filing date	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Z" document member of the same patent family
"O" document referring to an oral disclosure, use, exhibition or other means	
"P" document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

13 MAY 1996

Date of mailing of the international search report

22 MAY 1996

 Name and mailing address of the ISA/US  
 Commissioner of Patents and Trademarks  
 Box PCT  
 Washington, D.C. 20231

Facsimile No. (703) 305-3230

Authorized officer

Carlos Azpuru

Telephone No. (703) 308-2351